Effective OCIObor1, 2003									10 022339			
CLAIMS AS FILED - PART I								SMALL ENTITY				R THAN.
T	OTAL CLAIM:	<u> </u>	(Column 1) (Column 2)			ımn 2)	,	TYPE				ENTITY
								RATE	FEE	4	RATE	FEE
	OR	NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	*385	OR	BASIC FEE	3770	
TOTAL CHARGEABLE CLAIMS			· minus 20=		*)	(\$ Q =		OR	X\$ 8:=	
	DEPENDENT (minus 3 =		<u> </u>	×		X43=		OR	X8b=		
М	JLTIPLE DEPE	NDENT CLAIM F	PREȘENT	· · · · · ·	•		+145=			OR	+2390=	
* If the difference in column 1 is less than zero, enter "0" in column 2							T	OTAL		ÖR	TOTAL	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN
	en ettere stanceren	(Column 1)		(Column 2)			SMALLE		ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA	·F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	1. 8,	Minus	** . 20)	= /	. x	\$9=		OR	X\$(8=	
AME	Independent	1. 4	Minus	*** 8		=/	X	X13=		OR	×26=	
لب <u>ب</u>	FIRST PRESENTATION OF MULTII			IPLE DEPENDENT CLAIM [_]			+	Ų5;=		OR	-0P0=	
								TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	,,,,,			•		
MENDMENT E	n en en en	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	19=		OR	X\$/8=	
	Independent	*	Minus	***			У,	43=		OR	×86=	
`	FIRST PRESENTATION OF MULTIPLE DEPEN				CLAIM	<u> </u>	-			li		
			•			· · · ·	. 1	US= TOTAL		OR	+290=	
								T. FEE		OR ,	ADDIT: FEE	
_	(Column 1) (Column 2) (Column 3										·····	
		REMAINING AFTER AMENDMENT		PREVIO	ER USLY	PRESENT EXTRA	R/	VTE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
N L	Total	*	Minus	**		= .	X	9=	~	OR	X\$[8=	
	Independent	*	Minus	***		= .	×	13 <u>=</u>		OR	x86	
`	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM					ľ		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR [†AD=	
*** [[If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE											
T	he "Highest Num	ber Previously Paid	f For Total or	Independer	nt) is the	highest number	found in	the app	opriate boy	io coli	ипо 1	

FORM PTO-875 (Rev 12/02)